

Van Collection/Delivery inspection report

Collection Date:	Time:	Delivery Date:	Time:
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Collection / Dispatcher Details:
 Name:
 Address:

 Postcode:
 Contact number:

Transporter Details:
 Name:
 Address:

 Postcode:
 Contact number:
 Email:

Destination recipient:
 Name:
 Address:

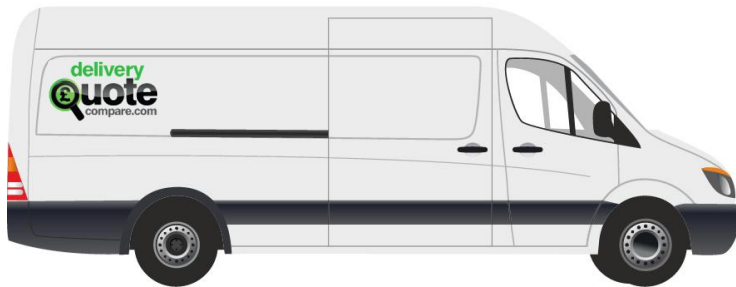
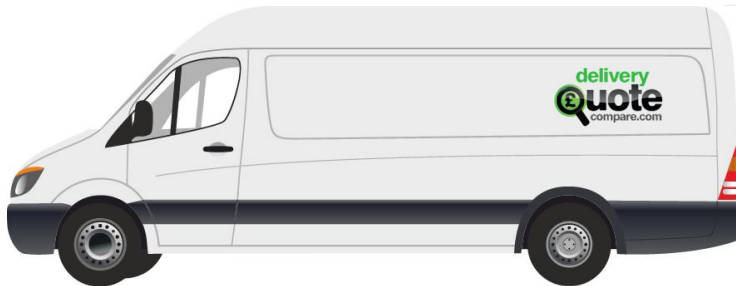
 Postcode:
 Contact number:
 Email:

Vehicle details:
 Make: Model: Colour: Registration:

 VIN: Mileage:

Circle defects and label with appropriate code

Key:



SC	Scratch
DSC	Deep Scratch
DT	Dent
CH	Chip
DF	Deformed
RU	Rust
GD	Glass damage
TD	Tyre damage
WD	Wheel Damage

Notes:

Take pictures or add further notes on the back of this form

Collection extras: if applicable
 Keys: Y / N sets.....

 V5 or new owner slip: Y / N

 Handbook: Y / N

Collection / Dispatcher
 Name:
 Signature:

 Date:

Transporter
 Name:
 Signature:

 Date:

Destination recipient
 Name:
 Signature:

 Date: